PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

maintenance lee nounca	tions.		a) specifying a new corre					
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
•	7590 03/03	5/2010	hav	have its own certificate of mailing or transmission. CERTIFICATE OF ELECTRONIC TRANSMISSION				
Gerald E Helge 80 South Eight S Suite 2200	Street	and Corr	I hereby certify that this document is being transmitted to the U.S. Patent and Trademark Office via EFS Web online filing to Mail Stop Issue Fee , Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.					
Minneapolis, M	N 55402		G	erald E. Helg	get o		(De	positor's name)
				JUL S	Flul	٠,		(Signature)
		L	16 AM	100			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY	DOCKET NO.	CONFIRMAT	ION NO.
10/578,337			Alice Parisis	38307.6		5176		
TITLE OF INVENTION		KING-METHOD AND ICE FOR WATERMARI						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	FEE TO	TAL FEE(S) DUE	DATE	DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	06/07/	2010
EXAMINER ART UNIT			CLASS-SUBCLASS					
YENTRAPATI, AVINASH 2624			382-100000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Gerald E. Helget					
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 recison A. Capes Briggs and Morgan, P.A.					
			THE PATENT (print or typ					*
PLEASE NOTE: Unle recordation as set forth	ess an assignee is identi n in 37 CFR 3.11. Comp	fied below, no assignee letion of this form is NO	data will appear on the pa I a substitute for filing an a	atent. If an assigne assignment.	e is identifie	d below, the do	cument has bee	n filed for
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
FRANCE TELECOM, SA			Paris, France					
Please check the appropri	ate assignee category or	categories (will not be pri	inted on the patent):	Individual 🛚 Co	rporation or o	other private grou	ip entity 🔲 G	overnment
4a. The following fee(s) are submitted:			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)					
☐ Publication Fee (No small entity discount permitted)			☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies 10			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 023732 (enclose an extra copy of this form).					
5. Change in Entity Stat a. Applicant claims	er claiming SMAL	L ENTITY s	atus. See 37 CF	R 1 27(g)(2)				
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requeecords of the United State	ired) will not be accepted es Patent and Trademark	from anyone other than th Office.	e applicant; a regis	tered attorney	or agent; or the	assignee or oth	er party in
Authorized Signature _	Alle	Al ly		Date \	Am	2 10		
Typed or printed name	Gerald E. Helget			Registration No	30948			-
			n is required to obtain or re .14. This collection is esti- depending upon the indivi Chief Information Officer OMPLETED FORMS TO cond to a collection of info					o process) aring, and complete erce, P.O. Box 1450,